

NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Oxygen Delivery Devices - Manages care and seeks to prevent complications for patients requiring oxygen delivery.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Correctly applies supplemental oxygen delivery systems (e.g., nasal cannula, BiPAP, CPAP).	1	2	3	4	D			Unit Orientation <u>NPCS SOP:</u> Tracheostomy, Care of the Patient with Ventilatory Support, Care of the Patient Requiring Non-invasive, Intermittent Experience with preceptor.	
2. Assesses the effectiveness of supplemental oxygen therapy.	1	2	3	4	DR				
3. Suctions appropriately as needed.	1	2	3	4	D				
4. Provides trach care according to NPCS guidelines.	1	2	3	4	D				
5. Documents per NPCS guidelines.	1	2	3	4	DR				

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:_____